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12:31

State of Minnesota

County
Hennepin County
Regine Ndifor
Petitioner

District Court

Judicial District:	Fourth
Court File Number:	
Case Type:	

Summons

vs / and

St. Clairsville Medical group / Sterling medical Corporation
 Respondent

This Summons is directed to:

St. Clairsville Medical group / Sterling medical Corporation
411 Oak Street 45219

1. **You are being sued.** The Petitioner has started a lawsuit against you. The Petitioner's Complaint against you is attached to this Summons. Do not throw these papers away. They are official papers that affect your rights. You must respond to this lawsuit even though it may not yet be filed with the Court and there may be no court file number on this summons.

2. **You must reply within 20 days to protect your rights.** You must give or mail to the person who signed this Summons a written response called an Answer within 20 days of the date on which you received this Summons. You must send a copy of your Answer to the person who signed this Summons located at:

10259 Englewood Drive, Eden Prairie, MN 55347

3. **You must respond to each claim.** The Answer is your written response to the Petitioner's Complaint. In your Answer you must state whether you agree or disagree with each paragraph of the Complaint. If you believe the Petitioner should not be given everything asked for in the Complaint, you must say so in your Answer.

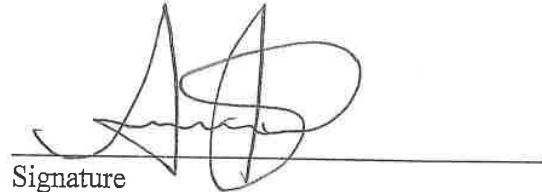
4. **You will lose your case if you do not send a written response to the complaint to the person who signed the summons.** If you do not answer within 20 days, you will lose this case. You will not get to tell your side of the story, and the Court may decide against you and award the Petitioner everything asked for in the Complaint. If you do not want to contest the claims stated in the Complaint, you do not need to respond. A default judgment can then be entered against you for the relief requested in the Complaint.

5. **Legal Assistance.** You may wish to get legal help from a lawyer. If you do not have a lawyer, the Court Administrator may have information about places where you can get legal

assistance. Even if you cannot get legal help, you must still provide a written answer to protect your rights or you may lose the case.

6. **Alternative Dispute Resolution.** The parties may agree to or be ordered to participate in an alternative dispute resolution process under Rule 114 of the Minnesota Rules of Practice. You must still send your written response to the Complaint even if you expect to use alternative means of resolving this dispute.

Dated: 11/28/2018



Signature

Name: Regine Ndifor
Address: 10239 Englewood Drive
City/State: Eden Prairie MN
Zip Code: 55347
Telephone: 617 413 4952
Email: ndiforj74@yahoo.com

State of Minnesota

County

Hennepin

District Court

Judicial District: Fourth

Court File Number:

Case Type:

Regine Ndifor

Petitioner

Complaint

vs / and

St. Clairsville Medical group/Sterling Medical Corporation
Respondent

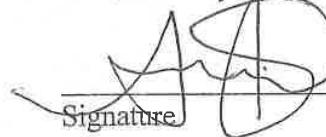
The Petitioner complains of Respondent(s) and alleges the following:

Wrongful termination, corporate discrimination after disability/^{accommodation} request, Retaliation/Reprisal against my grievance and request for accommodation
 Invasion of privacy, termination of VA privileges in retaliation to my email requesting for accommodation making it difficult for me to find any employment with good & main Companies, False accusations
 Destruction/Disposal of personal property
 Putting my life in Danger, Pain & suffering
 Assault and Battery, false imprisonment, negligent infliction of emotional distress, Intentional infliction of emotional distress, Promissory estoppel
 Breach of Contract, Defamation of character,

Corporate retaliation due to other employee
Claim 5 whistle blower threat. Other employees
Claim/complaint of not getting Paid fair, their Complaints^{accommodations not met}
not also getting addressed, Some of them left at least 3 employ
left 2 females 1 male I can recall, I tried to speak up for the
Chair's in office uncomfortable, Employees Complaint nothing done
about it, employees got exercise balls to seat on which were
comfortable, one employee rolled off fell & fractured wrist & thumb
We were all ordered to get rid of the balls, I insisted I wanted
Wherefore Petitioner demands: the chair I had long reinstated for before I get rid
of the ball. I was handed a waiver, I decided
to get rid of the ball but requested the
appropriate chair that never came, no one ever
Cared to called to see what I really needed or how I feel.

Judgement against
The Petitioner demands: the respondent for \$5 million dollars
^{+ plus interest, costs and disbursements}
The Respondent be ordered to reinstate my VA privileges

Dated: 11/28/2018

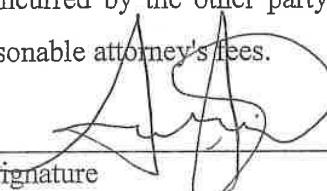


Name: Regine Ndifor
 Address: 10289 Englewood Drive
 City/State: Eden Prairie MN
 Zip Code: 55347
 Telephone: 617 413 4952
 Email: ndifor974@yahoo.com

Acknowledgement

- a) I have read this document. To the best of my knowledge, information and belief, the information contained in this document is well grounded in fact and is warranted by existing law.
- b) I have not been determined by any Court in Minnesota or in any other state to be a frivolous litigant and I am not the subject of an *Order* precluding me from serving or filing this document.
- c) I am not serving or filing this document for any improper purpose, such as to harass the other party to cause delay or needless increase in the cost of litigation or to commit a fraud on the Court.
- d) I understand that if I am not telling the truth or if I am misleading the Court or if I am serving or filing this document for an improper purpose, the Court can order me to pay money to the other party, including the reasonable expenses incurred by the other party because of the serving or filing of this document, court costs and reasonable attorney's fees.

Dated: 11/28/2018


Signature

Name: Regne Ndi'fo'o
Address: 10254 Englewood Drive
City/State: Eden Prairie MN
Zip Code: 55347
Telephone: 617 413 4952
Email: ndifor974@yahoo.com

**UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA**

Regine Ndifor,

Court File No.

Plaintiff,

vs.

**DECLARATION OF
KAREN BLATT**

Sterling Medical Corporation, St Clairsville
Medical Group, Inc.,

Defendants.

Pursuant to 28 U.S.C. § 1746, I, Karen Blatt, hereby state and declare the following:

1. I am competent to testify and have firsthand knowledge of the matters set forth below.
2. I am the Human Resources Director for both Sterling Medical Corporation (“Sterling Medical”) and St. Clairsville Medical Group, Inc. (“St. Clairsville”).
3. St. Clairsville is a subsidiary of Sterling Medical.
4. Both Sterling Medical and St. Clairsville are incorporated under the laws of the State of Ohio.
5. Both Sterling Medical and St. Clairsville have their principal places of business at 411 Oak Street, Cincinnati, Ohio 45219.
6. A copy of documents from the Ohio Secretary of State verifying that Sterling Medical is an Ohio Corporation with its principal place of business in Cincinnati are attached as Exhibit 1 to this Declaration.

7. A copy of documents from the Ohio Secretary of State verifying that St. Clairsville is an Ohio Corporation with its principal place of business in Cincinnati are attached as Exhibit 2 to this Declaration.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing statements and declarations are true and accurate to the best of my knowledge and belief.



12/28/18
Karen Blatt Date

EXHIBIT 1



DATE: 11/29/2012	DOCUMENT ID: 201233400086	DESCRIPTION: BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION (12A)	FILING 25.00	EXPED 100.00	PENALTY	CERT .00	COPY .00
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Receipt

This is not a bill. Please do not remit payment.

FROST BROWN TODD LLC
10 W. BROAD STREET, STE 2300
ATTN: SALLY L KAPCAR
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

755500

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

STERLING MEDICAL CORPORATION

and, that said business records show the filing and recording of:

Document(s)

BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION

Document No(s):

201233400086

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 28th day of November,
A.D. 2012.

Ohio Secretary of State



United States of America
State of Ohio
Office of the Secretary of State



Form 520 Prescribed by:

JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Biennial Report
(Domestic, Professional Association, Domestic or Foreign LLP)
Filing Fee: \$25

CHECK ONLY ONE (1) Box

(1) 2012 Biennial Report
of Professional
Association (102-YRA)
Indicate Year (even-numbered years)

List Profession Medical Staffing

(2) Biennial Report
of Limited Liability
Partnership (103-YRL)
Indicate Year (odd-numbered years)

If foreign limited liability
partnership, provide
jurisdiction of formation

Name of Entity Sterling Medical Corporation

Charter or Registration Number 755500

Complete the information in this section if box (1) is checked

Shareholders of Professional Association

Authenticating this form constitutes a certification that all the below listed shareholders are duly licensed or otherwise legally authorized to render the professional services in this state in the profession that is listed above.

Name	Address
Dr. Ethyl Blatt	411 Oak Street, Cincinnati, OH 45219

2012 NOV 28
CLIENT SERVICE UNIT
4:35 PM

Complete the applicable information in this section if box (2) is checked

Address of the partnership's chief executive office:

Mailing Address

City

State

Zip Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio:

Mailing Address

City

Ohio

Zip Code

If the partnership does not have an office in Ohio, the name and address of the partnership's current agent for service of process:

Name of Agent

Mailing Address

City

State

Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Report must be signed by an officer of the professional association or partner or authorized representative of the partnership.



Signature

By (if applicable)

Print Name

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

EXHIBIT 2



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/30/2018	201821103982	BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION (18A)			25.00		0

Receipt

This is not a bill. Please do not remit payment.

**KATZ TELLER BRANT HILD
255 E FIFTH STREET SUITE 2400
CINCINNATI, US, 45202**

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

966846

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

ST. CLAIRSVILLE MEDICAL GROUP, INC.

and, that said business records show the filing and recording of:

Document(s)

**BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION
Effective Date: 07/30/2018**

Document No(s):

201821103982



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 30th day of July, A.D. 2018.

Jon Husted

Ohio Secretary of State

orm 520 Prescribed by:

JON HUSTED
Ohio Secretary of State



Date Electronically Filed: 7/30/2018

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

or screen readers, follow instructions located at this path.

Biennial Report

(Domestic, Professional Association, Domestic or Foreign LLP)

Filing Fee: \$25

Form Must Be Typed

CHECK ONLY ONE (1) Box

(1) 2018 Biennial Report of Professional Association (102-YRA) (even-numbered years)
Indicate Year List Profession MEDICAL

(2) Biennial Report of Limited Liability Partnership (103-YRL) (odd-numbered years)
Indicate Year If foreign limited liability partnership, provide jurisdiction of formation

Name of Entity ST. CLAIRSVILLE MEDICAL GROUP, INC.

Charter or Registration Number 966846

Complete the information in this section if box (1) is checked

Shareholders of Professional Association

Authenticating this form constitutes a certification that all the below listed shareholders are duly licensed or otherwise legally authorized to render the professional services in this state in the profession that is listed above.

Name

Address

ETHYL BLATT MD TRUST

411 OAK STREET 2ND FL CINCINNATI 45219

Complete the applicable information in this section if box (2) is checked

Address of the partnership's chief executive office:

Mailing Address

City

State

Zip Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio:

Mailing Address

City

State

Zip Code

If the partnership does not have an office in Ohio, the name and address of the partnership's current agent for service of process:

Name of Agent

Mailing Address

City

State

Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

A report must be signed by an officer of the professional association or partner or authorized representative of the partnership.

BRANDON BLATT

Signature

By (if applicable)

Print Name

An authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, and the authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.